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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 17 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000132540

1. Entity Name
NATURES OWN II B PRODUCTS INC.

Principal Place of Business
4980 N.E. 11TH AVE SUITE C
OAKLAND PARK, FL 33311

Mailing Address
PO BOX 398522
MIAMI BEACH, FL 33239

05202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 4980 N.E 11th AV
Suite, Apt. #, etc.: Suite # C
City & State: Oakland Park - FL
Zip: 33311 Country: USA

3. Mailing Address: P.O Box 398522
Suite, Apt. #, etc.:
City & State: Miami Bch - FL
Zip: 33239 Country: USA

4. FEI Number: 01-6633892 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANGELINI, CHRIS
85 GRAND CANAL DRIVE
#207
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name: Chris Angelini
Street Address (P.O. Box Number is Not Acceptable): Brikell Key Dr. # 605
City: Mia - FL FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Chris Angelini (P) May 31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature required when resigning) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P ☑ Delete
NAME	ANGELINI, CHRIS
STREET ADDRESS	85 GRAND CANAL DRIVE #207
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	☐ Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P ☐ Change ☑ Addition
NAME	Chris Angelini
STREET ADDRESS	888 Brikell Key Dr. #605
CITY-ST-ZIP	Mia - FL 33131

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
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STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Angelini (P) May 31/05 786-286-9936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #